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AUDITOR-CONTROLLER

**COUNTY OF LOS ANGELES
DEPARTMENT OF AUDITOR-CONTROLLER**

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December 30, 2005

TO: Mayor Michael D. Antonovich
Supervisor Gloria Molina
Supervisor Yvonne B. Burke
Supervisor Zev Yaroslavsky
Supervisor Don Knabe

FROM: J. Tyler McCauley 
Auditor-Controller

SUBJECT: **GROUP HOME PROGRAM MONITORING REPORT – TRINITY
CHILDREN AND FAMILY SERVICES: TRINITY-NORCO GROUP HOME**

We have completed a review of Trinity-Norco Group Home (Group Home or Agency) operated by Trinity Children and Family Services. The Group Home contracts with the Department of Children and Family Services (DCFS) and the Probation Department (Probation).

Trinity-Norco Group Home is a six-bed facility, which provides care for girls ages 13-17 years who exhibit behavioral, social, and emotional difficulties. At the time of the monitoring visit, Trinity-Norco Group Home was providing services for six Los Angeles County Probation children.

Trinity-Norco Group Home is located in the Riverside County.

Scope of Review

The purpose of the review is to determine whether the Agency is providing the services as outlined in their Program Statement. Additionally, the review covers basic child safety and licensing issues, and includes an evaluation of the Agency's Program

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Statement, internal policies and procedures, child case records, a facility inspection, and interviews with children placed in the Group Home at the time of the review. Interviews with children are designed to obtain their perspectives on the program services provided by the Agency, and to ensure adherence to the Foster Youth Bill of Rights.

Summary of Findings

Generally, the Agency is providing the treatment services as outlined in their Program Statement. However, Trinity-Norco Group Home needs to develop comprehensive Needs and Services Plans.

Attached is a detailed report of the review.

Review of Report

We discussed our report with the Agency's management. In response to the recommendations made in the report, the Agency's management completed a corrective action plan (attached) which we approved. We thank the management and staff for their cooperation during our review.

If you have any questions, please contact me, or have your staff contact Mike Pirolo at (626) 293-1110.

JTM:MP:CC:dl

http://auditor.co.la.ca.us/group_home.asp

Attachments

c: David E. Janssen, Chief Administrative Officer
David Sanders, Ph.D., Director, DCFS
Paul Higa, Chief Probation Officer
Diana Correa, Administrator, Trinity Children and Family Services-Norco
Public Information Office
Audit Committee

**Trinity Children and Family Services
Trinity-Norco
2104 Alhambra Street
Norco, California 92860-1103
Phone: (951) 734-8633
License Number: 336400274
Rate Classification Level: 12**

I. Facility and Environment

Method of assessment – Observation

Comments:

Trinity-Norco Group Home is located in a residential community. The exterior of the Group Home is well maintained. The front and back yards are clean, and adequately landscaped.

The interior of the Group Home is well maintained. The common quarters are neat and clean. There is adequate furniture and lighting in the Group Home. The Group Home provides a home-like environment.

Children's bedrooms are well maintained. The rooms are clean and orderly, and have age-appropriate personalized decorations. There is adequate furniture, lighting, and storage space. Window coverings and window screens are in good repair. The mattresses are comfortable, and the beds all have a full complement of linens. Children's sleeping arrangements are appropriate.

The Group Home maintains age appropriate and accessible recreational equipment. There are also board games, a TV, and a VCR/DVD player. Books and resource materials, including a computer with a variety of programs, are also available.

The Group Home maintains a sufficient supply of perishable and non perishable foods.

Recommendations

There are no recommendations for this section.

II. Program Services

Method of assessment – Review of relevant documents and interviews

Sample size for interviews: Two

Comments:

Children meet the Group Home's population criteria as outlined in their Program Statement. Children are assessed for needed services within thirty days of placement.

The treatment team develops and implements the Needs and Services Plans (NSPs) with input from the child. The NSPs are current; however, the NSPs are not comprehensive, and do not reflect the children's progress toward obtaining their long and short term goals.

Case files reflect adequate documentation to show that children are receiving treatment services.

Recommendation

1. Trinity-Norco Management develop comprehensive Needs and Services Plans that show progress towards long and short term goals.

III. Educational and Emancipation Services

Method of assessment – Review of relevant documents and interviews

Sample size for interviews: Two

Comments:

Children are attending school. Children are provided with educational support and resources to meet their educational needs, and are progressing satisfactorily in school. The Group Home's program includes the development of children's daily living, self-help, and survival skills.

Children are provided with opportunities to participate in emancipation and vocational programs as appropriate.

Recommendations

There are no recommendations for this section.

IV. Recreation and Activities

Method of assessment – Review of relevant documents and interviews

Sample size for interviews: Two

Comments:

The Group Home provides children with sufficient recreational activities, and leisure time. Children are given opportunities to participate in planning activities.

Children are allowed to participate in extra-curricular, enrichment, and social activities in which they have an interest.

The Group Home provides transportation to and from the activities.

Recommendations

There are no recommendations for this section.

V. Psychotropic Medication

Method of assessment – Review of relevant documents

Comments:

Children have current court authorizations for psychotropic medication. Documentation confirms that children are routinely seen by the prescribing psychiatrist.

Children are informed about their psychotropic medication, and are aware of their right to refuse medication.

Medication distribution logs are properly maintained.

Recommendations

There are no recommendations for this section.

VI. Personal Rights

Method of assessment –Interviews with children

Sample size for interviews: Two

Comments:

Children are informed about the Group Home's policies and procedures. Children report that they feel safe in the Group Home, and are provided with appropriate staff supervision. Children express satisfaction with the quality of their interactions with staff, and report that staff treats them with respect and dignity.

Children report that they are assigned chores that are reasonable and not too demanding. Children are allowed to have private visitors, to make and receive personal telephone calls, and to send and receive unopened correspondence and mail. Children are able to attend religious services of their choice.

Children report that the discipline policies are consistently enforced and that there are fair and appropriate consequences for inappropriate behavior.

Children report satisfaction with meals and snacks.

Children receive voluntary medical, dental, and psychiatric care.

Recommendations

There are no recommendations for this section.

VII. Clothing and Allowance

Method of assessment – Review of relevant documents and interviews

Sample size for interviews: Two

Comments:

The Group Home provides appropriate clothing, items of necessity, and the required \$50 monthly clothing allowance to children. Children are given opportunities to select their own clothes. Clothing provided to children is of good quality and of sufficient quantity.

The Group Home provides children with the required minimum base allowance. Children are permitted to spend their allowances as they choose.

The Group Home provides children with adequate personal care items.

Children are encouraged and assisted in creating and maintaining photo albums/life books.

Recommendations

There are no recommendations for this section.



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November 22, 2005

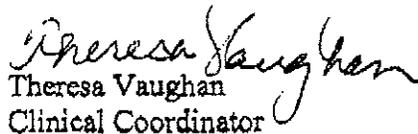
Carla Carr
County of Los Angeles
Department of Auditor-Controller
500 West Temple Street, Room 515-A
Los Angeles, CA 90012-2766

Dear Ms. Carr,

This is our CAP for the audit by Donald Luther at the Trinity-Norco facility on October 20, 2005. We are unsure if you are already in receipt of the CAP as the secretary went out ill. If you are, we apologize for re-submitting it to you. If you are not, please note that we are faxing you a copy as well as mailing a copy to you to ensure receipt within the appropriate time frame. If there is anything else you need, please contact us.

Respectfully Submitted By,


Diana Correa
Director


Theresa Vaughan
Clinical Coordinator

Recommendation

1. Trinity-Norco Management develop comprehensive Needs and Services Plans that show progress towards long and short term goals.

Corrective Action Plan

Trinity-Norco has a place on the Needs and Services Plans to document progress towards long and short-term goals. Progress will be reviewed each quarter and changes in the goals made as necessary. Also there is a supplemental section for the quarterly reviews that will be completed with each quarterly report that will specifically address the progress on the Needs and Services Plan (see section VI). Attached are blank copies of each.

Los Angeles County Quarterly Report Supplemental

Date:

Client:
DOB:
ADM:

Probation Officer:
County and Region:
Address:

Reporting Period:

- I. Adjustment to Placement
 - A. Relationships with staff
 - B. Relationships with peers
 - C. Relationships with community (jobs, organizations, athletics, etc.)
 - D. School (attach most recent report card)
 - E. Work
 - F. Vocational training
 - G. Client's strengths
- II. Compliance with Conditions of Probation/Special Incidents
 - A. Areas of Compliance
 - B. Areas in Violation

| <u>Date</u> | <u>Violation</u> |
|-------------|------------------|
|-------------|------------------|
 - C. Summaries of SIR's

| <u>Date</u> | <u>Summary of Incident</u> |
|-------------|----------------------------|
|-------------|----------------------------|
- III. Health/Education Information (Describe any medical conditions and client's response to treatment)
- IV. Family Relationships
 - A. Contact information

| <u>Date</u> | <u>Type</u> | <u>Name and Relationship</u> | <u>Reason</u> |
|-------------|-------------|------------------------------|---------------|
|-------------|-------------|------------------------------|---------------|
 - B. Degree of family involvement with placement
 - C. Therapeutic services provided for the minor and family
 1. Individual therapy – client's progress and participation
 2. Family therapy – family's progress and participation
 3. Group therapy – client's progress and participation
 - a. GCL
 - b. Anger management
 - c. SAAP
 - d. PAASE-O/PAASE-V
 4. Neurofeedback
- V. Restate the Treatment Plan
 - A. Problem:

Goal:
Progress:
Interventions:

- 1.
- 2.
- 3.
- 4.
- 5.

B. Problem:

Goal:
Progress:
Interventions:

- 1.
- 2.
- 3.
- 4.
- 5.

C. Problem:

Goal:
Progress:
Interventions:

- 1.
- 2.
- 3.
- 4.
- 5.

D. Problem:

Goal:
Progress:
Interventions:

- 1.
- 2.
- 3.
- 4.
- 5.

E. Problem:

Goal:
Progress:
Interventions:

- 1.
- 2.
- 3.
- 4.
- 5.

VI. Review of Needs and Services Plan including progress on goals and goals met

- A. Socialization**
- B. Emotional**
- C. Mental**

- D. Physical/Health
- E. Functioning Skills
- VII. Discharge Plan
 - A. Anticipated length of placement
 - B. Plans for minor upon completion
 - C. ILP activities
- X. Summary
 - A. History
 - B. Adjustment to placement
 - C. Progress in treatment
 - D. Recommendation

APPRAISAL/NEEDS AND SERVICES PLAN

| | | | | | |
|--|---------------|-----|--|---|-----------------|
| CLIENT/RESIDENT'S NAME | DATE OF BIRTH | AGE | SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | DATE | PERMANENCY PLAN |
| FACILITY NAME | ADDRESS | | | CHECK TYPE OF NEEDS AND SERVICES PLAN <input type="checkbox"/> ADMISSION <input type="checkbox"/> UPDATE | |
| PERSON(S) ON ADMISSION REFERRING CLIENT/RESIDENT FOR PLACEMENT | | | FACILITY LICENSE NUMBER | TELEPHONE NUMBER | |

Licensing regulations require that an appraisal of needs be completed for specific clients/residents to identify individual needs and develop a service plan for meeting those needs. If the client/resident is accepted for placement the staff person responsible for admission shall jointly develop a needs and services plan with the client/resident and/or client's/resident's authorized representative referral agency/person, physician, social worker or other appropriate consultant. Additionally, the law requires that the referral agency/person inform the licensee of any dangerous tendencies of the client/resident.

NOTE: For Residential Care Facilities for the Elderly, this form is not required at the time of admission but must be completed if it is determined that an elderly resident's needs have not been met.

BACKGROUND INFORMATION: Brief description of client's/resident's medical history/ emotional, behavioral, and physical problems; functional limitations; physical and mental; functional capabilities; ability to handle personal cash resources and perform simple homemaking tasks; client's/resident's likes and dislikes.

| NEEDS | OBJECTIVE/PLAN | TIME FRAME | PERSON(S) RESPONSIBLE FOR IMPLEMENTATION | METHOD OF EVALUATING PROGRESS | COMMENTS | DATE |
|---|----------------|------------|--|-------------------------------|----------|------|
| SOCIALIZATION - Difficulty in adjusting socially and unable to maintain reasonable personal relationships | | | | | | |
| EMOTIONAL - Difficulty in adjusting emotionally | | | | | | |

| NEEDS | OBJECTIVE/PLAN | TIME FRAME | PERSON(S) RESPONSIBLE FOR IMPLEMENTATION | METHOD OF EVALUATING PROGRESS | COMMENTS | DATE |
|---|----------------|------------|--|-------------------------------|----------|------|
| MENTAL - Difficulty with intellectual functioning including inability to make decisions regarding daily living. | | | | | | |
| | | | | | | |
| PHYSICAL/HEALTH - Difficulties with physical development and poor health habits regarding body functions. | | | | | | |
| | | | | | | |
| FUNCTIONING SKILLS - Difficulty in developing and/or using independent functioning skills. | | | | | | |
| | | | | | | |
| We believe this person is compatible with the facility program and with other clients/residents in the facility, and that we can provide the care as specified in the above objective(s) and plan(s). | | | | | | |
| TO THE BEST OF MY KNOWLEDGE THIS CLIENT/RESIDENT DOES NOT NEED SKILLED NURSING CARE. | | | | | | |
| LICENSEE(S) SIGNATURE | | | | | DATE | |
| I have reviewed and agree with the above assessment and believe the licensee(s) other person(s)/agency can provide the needed services for this client/resident | | | | | | |
| CLIENT/RESIDENTS AUTHORIZED REPRESENTATIVE(S) / FACILITY SOCIAL WORKER/PHYSICIAN(S) OR APPROPRIATE CONSULTANT SIGNATURE | | | | | DATE | |
| We have participated in and agree to release this assessment to the licensee(s) with the condition that it will be held confidential. | | | | | | |
| CLIENT/RESIDENTS OR CLIENT/RESIDENTS AUTHORIZED REPRESENTATIVE(S) SIGNATURE | | | | | DATE | |
| I participated in developing this plan. | | | | | | |